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SUBJECT: USAID/OFDA ASSESSMENT OF KENYA'S GARISSA
DISTRICT

Summary

1. Although long season rains improved pasture conditions and water availability in most drought-affected areas of Kenya, patchy showers in Garissa District have left many areas dry, impeding recovery efforts. Water tankering activities continue in several divisions where residents still face acute shortages. The UN Children's Fund (UNICEF) reports that district malnutrition rates are above emergency levels, but the only facility at present to treat severe malnutrition is the provincial hospital in Garissa town. USAID/OFDA has funded CARE to rehabilitate boreholes, and UNICEF to support immunization, primary healthcare, nutrition, and water activities in Garissa. USAID/OFDA recommends continued support to emergency nutrition, health, and water interventions in the district. End Summary.

Current Situation

2. Covering 33,681 square km, Garissa District is located in arid North Eastern Province. The population is nearly 400,000, including 120,000 Somali refugees in Dabaab camp. Although successive seasons of drought have affected all livelihood zones in the district, the impact has been most severe among pastoral households that make up 80 percent of the population. Agropastoralists in Garissa grow primarily horticultural crops in the river bed areas of the Tana River. Although less affected by the current emergency, agricultural yields have declined in the past year due to drought conditions.

3. Garissa District is included in the Government of Kenya's (GOK) February Appeal. In April, the GOK

increased the number of food aid beneficiaries in the district from 109,745 to 120,719, significantly improving access to food for affected populations. However, the amount allocated was inadequate and local officials appealed to the central government to revise resource allocations.

¶4. From May 22 to 24, a USAID/OFDA team comprising a Public Health Advisor and an Information Officer traveled to Garissa District, accompanied by International Medical Corps' Country Director, to follow up on reports of deteriorating health and nutrition status. The team met with district representatives from the Arid Lands Resource Management Project (ALRMP) and the Ministry of Health (MOH) in Garissa town, and traveled to Bura, Modogashe, and Balabala divisions to assess conditions.

¶5. District officials report that long season rains began falling in most of the district in April, but showers have been patchy. According to USAID-supported Famine Early Warning System Network (FEWS NET) and data from the US Geological Survey, eastern parts of the district received average to heavy showers while rains were below average in northern and western divisions, with some areas receiving only 40 to 80 percent of normal levels. Although rains replenished some of the shallow wells in the district, rainfall levels were not heavy enough for significant improvements in water and pasture availability. The team confirmed that conditions in the areas visited were dry with little pasture and few water sources, and observed tanker trucks traveling along the Garissa-Modogashe road. The Arid Lands Office reports that water tankering is continuing in Shimbirey, Abdi Gab, Ohi, and Alango villages.

¶6. According to ALRMP's April Drought Assessment Report, the onset of rains led to slight improvement in the availability of forage with substantial regeneration of browse in parts of the district receiving heavy rainfall. However, there has been little sprouting of pasture, exacerbating acute shortages.

Critical Health and Nutrition Situation

¶7. In October 2005, UNICEF and the MOH completed a nutritional survey in Garissa, which found 18.6 percent global acute malnutrition and 3.1 percent severe acute malnutrition. In November/December 2005, Medecins Sans Frontieres/Spain and UNICEF planned to open therapeutic feeding centers (TFCs) in Modogashe, Balabala, and Shant-Abak divisions, but were unable to secure funding. According to UNICEF and the MOH, the number of malnourished children in the district is likely to be higher than reported, as the survey was conducted when residents had been receiving general food rations for three months. Livestock losses of 50 to 80 percent in parts of the district have seriously reduced the availability of milk and milk products, main staples of the population's diet.

¶8. The team visited Garissa hospital, the only one in the district, which serves as the referral hospital for all of North Eastern Province's nearly 1 million people. The Hospital Superintendent reports that the MOH converted one ward of the pediatric unit to a TFC last year to treat the increasing number of malnourished children arriving at the hospital. The hospital TFC remains the only facility in the district for treatment of severe malnutrition. Although the Pediatric Unit has a 54-bed capacity, the assessment team found 64 children on the day of the visit, 34 of whom were enrolled in the TFC. Enrollment averages 30 cases per month, although admissions reached as high as 60 in February and March. Nine deaths were reported among the children in the TFC ward in April. The

Superintendent also reported high numbers of readmissions and default rates, but statistics were not available.

¶9. The Superintendent stated that many more children in the community are likely malnourished, but families lack knowledge about malnutrition and usually only bring children to the hospital when they have become acutely ill with malaria and pneumonia, or are unconscious. In addition, the road network in the district is extremely poor and some remote areas are as far as 600 km from the hospital, thus preventing the poorest families without resources to pay for transportation and hospital fees from bringing children for treatment. Traditional practices also deny families treatment as they prefer to use traditional healers and only come to the hospital as a last resort when other interventions have failed.

¶10. According to the district MOH official, the district has 30 health facilities, with 6 not operational at present due to staff shortages or infrastructural problems. The team visited health centers in Bura and Modogashe, and a dispensary in Dujis. In all areas visited, the major morbidities for children are malaria, upper respiratory infections, and diarrheal diseases. The facilities have adequate supplies of drugs, but lack sufficient staff for outreach activities or vehicles to transport patients to the hospital for specialized care. Facilities have catchment radii of 50 to 80 km, requiring residents to travel long distances to access health services.

¶11. Staff in health facilities interviewed by the team identified several challenges to working in Garissa, including remote location, difficult living conditions, low wages, water shortages, extreme heat, malaria risk, lack of housing, and poor supervision and support.

¶12. Although the health center staff identified several serious health and nutrition concerns in the community, they had limited data on trends or the numbers affected. The team observed that facilities appeared to be underutilized, which was confirmed by nurses in each facility, attributing the communities' failure to use services to lack of resources and cultural and religious factors. The fact that health care staff were all male was a significant obstacle to providing care to women in the Moslem community. In addition, pastoralist families were often located in remote locations and moved frequently, preventing them from obtaining services on a regular basis. Although the recent immunization campaign in the district reached 102 percent for polio and 97 percent for measles, routine immunization coverage is only 57 percent. It was apparent to the team that very little community outreach activities are conducted from these facilities to access the vulnerable hard-to-reach population.

¶13. In April, USAID/OFDA provided USD 800,000 to UNICEF to support immunization, primary healthcare, nutrition, and water activities in four drought-affected districts, including Garissa. Additional plans are underway to support emergency nutrition activities in the district.

Rains bring limited relief to acute water shortages

¶14. In all areas visited, local officials and community members highlighted the lack of water as a major concern. The main sources of water in the district are the Tana river, boreholes, Benane springs, and shallow wells in Modogashe. Rains in some parts of the district recharged water pans and relieved pressure on boreholes, some of which were operating 18 hours a day and prone to frequent breakdowns. Officials noted that shallow wells along the dry river bed at Modogashe

are getting deeper and yielding less water, increasing the time required to draw water. USAID/OFDA is supporting CARE to rehabilitate boreholes and increase access to water in Dadaab, Jarajila, and Liboi divisions. In addition, CARE proposes to repair an additional six boreholes in northern Garissa and Southern Wajir districts, which will address acute water needs.

Conclusions/Recommendations

¶15. According to recent health and nutrition assessments and observations of the USAID/OFDA team, the situation for residents in drought-affected areas of Garissa remains precarious. However, information regarding services presently available and existing needs is limited as health care providers have incomplete data about the affected community and do not conduct outreach activities to reach the most vulnerable populations. The assessment team recommends that USAID/OFDA consider funding the following additional activities:

- a. Support to community-based therapeutic care (CTC) programs to assist the number of malnourished children and pregnant and lactating women in the district. Emphasize CTC's community outreach component to integrate CTC into existing programs to complement and strengthen health education, hygiene promotion, water, sanitation, and livelihood programs.
 - b. Increase access to water sources as shortages are a problem across the district. As boreholes are critical to the area during the two seasonal dry periods, support activities to rehabilitate boreholes and maintain functioning ones to make them more productive.
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